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How Are Canadians *Really* Doing? A Closer Look at Select Groups

SPECIAL REPORT

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About the Canadian Index of Wellbeing (CIW) Network

The CIW Network's mission is to promote a new understanding of wellbeing and a dialogue that reshapes the way we talk about wellbeing. It encourages policy makers to make evidence-based choices that respond to the values and needs of Canadians in a way that improves their quality of life. The CIW Network is independent and non-partisan. Its work is guided by an Advisory Board of accomplished Canadian and international experts, chaired by Mr. Romanow.

The CIW Network's key activities include overseeing the development and regular publication of the CIW, expanding the CIW Network with influential leaders, policy makers and community-based champions, and contributing to societal understanding and engagement about wellbeing.

The Canadian Index of Wellbeing

The CIW is a new way of measuring societal wellbeing. It provides unique insights into the quality of life of Canadians – overall, and in specific areas that matter: our standard of living, our health, the quality of our environment, our education and skill levels, the way we use our time, the vitality of our communities, our participation in the democratic process, and the state of our arts, culture and recreation.

This approach is much broader than traditional measurements of wellbeing, which tend to focus on narrow economic indicators such as Gross Domestic Product (GDP). Unlike the GDP, which goes up in response to all economic spending (including tobacco purchases, depletion of natural resources, construction of prisons), the CIW distinguishes between beneficial activities (including those which don't involve any exchange of money such as volunteer activity) which it treats as assets, and harmful ones, which it treats as deficits.

The CIW goes beyond conventional silos and shines a spotlight on the interconnections among the many factors that shape our wellbeing: for example, how changes in income and education are linked to changes in health.

The long-term goal of the CIW is to establish a national framework that profiles a full array of indicators of wellbeing in a single composite index. Once fully developed, it will be a robust information tool – one that will report regularly on wellbeing trends and will enable Canadians to promote wellbeing with policy shapers and decision makers.

All CIW research is available free online at www.ciw.ca. The CIW currently provides:

- *Three detailed research studies on different, but interconnected categories of wellbeing: Living Standards, Healthy Populations and Community Vitality.*
- *A First Report, How are Canadians Really doing? that connects the dots in the three research reports including highlights and summaries.*
- *A special report on the current recession: The Economic Crisis through the Lens of Economic Wellbeing.*

Table of Contents

Executive Summary

Introduction 1
Methodology 2
Key Findings from the CIW Research Reports 2

Select Groups of Canadians 4
A Lens on Low-Income 4
Income and Income Inequality 4
Low-income, Employment and Education 7
Low-income and Health 8
Low-income and Neighbourhoods 9

A Lens on Three Population Sub-Groups 11
Aboriginal Peoples 11
Racialized Groups 14
Youth 16

An International Lens 17

Conclusions 21

References 24

Executive Summary

On June 10, 2009, the CIW Network released its First Report, *How are Canadians Really doing?* The Report summarized the trends, highlights and interconnections among three related areas of wellbeing – Living Standards, Healthy Populations and Community Vitality.

The First Report identified a number of groups whose wellbeing was significantly worse than that of most Canadians. As a follow-up, the CIW has taken a closer look at the wellbeing of four of these groups: Canadians with low incomes, Aboriginal peoples, racialized groups, and youth.

The findings from this closer look provides further evidence that low-income, Aboriginal, racialized and youth population groups are being left behind and are not sharing in the wealth, health and strong community that Canada has worked to develop.

The relationship between income and wellbeing is well-founded. Income is a fundamental determining factor regarding health status, mortality rates, birth weights and chronic disease. Income is also key to education, community cohesion and inclusion.

Yet more and more Canadians are having a hard time making ends meet. Telling indicators include an increasing number of Canadians working for minimum wage, a 42 percent increase in new clients at Credit Canada and a 20 percent increase in the number of Canadians turning to food banks each month.

The prevalence of low income continues to affect some groups more than others. Median income for First Nations people in Canada falls about $11,000 below that of the non-Aboriginal population. Visible minority or racialized groups are three times more likely to be poor than other Canadians because of levels of education, barriers to employment and low wages. They are also more likely to be poor because of persistent social exclusion and racialization in the labour market.

Young people are also increasingly at risk of low income, partly due to delays in their transition to independence. In fact, the percent of young adults in their 20s who live at home has doubled over the past three decades. Earnings of young adults relative to other earners have also been falling over the past 20 years and young adults are entering employment later than ever before.

The higher prevalence of lower incomes among these three groups of Canadians has widespread negative impacts on their health, educational attainment, and social inclusion. For example, white youth reported higher levels of wellbeing than racial minority youth and two times higher levels of wellbeing than Aboriginal youth. Overall, research shows that Aboriginal peoples have higher levels of unmet health needs and higher levels of poor health than other Canadians. Provincial testing of Grade 3 and 6 students in Toronto identified a clear performance gap based on race, income, marital status, and parent's level of education. Some of the differences were as high as 40 percent in math.

These differences in the earlier years are reflected in post-secondary education completion trends. While 33 percent of Canadian children born of Canadian parents will complete university, performance of racialized groups varies considerably with about 23 percent of first generation and immigrant children from Caribbean and Latin American parents and less than 20 percent of children of Filipino parents completing university. Just 8 percent of the Aboriginal population has completed university compared to 23 percent for the non-Aboriginal population.

These outcomes have implications for a sense of belonging. While nearly two-thirds of white people report a sense of community belonging and connectedness, that figure falls to just over 50 percent for Aboriginal peoples and many racialized groups. In fact, eight out of ten visible minorities reported that they had experienced discrimination because of their race or ethnic origin. Nearly twice as many visible minorities as non-visible minorities reported that they had experienced discrimination.

Canadians understand that there are costs to social exclusion and they want government action to reduce inequality. Most Canadians report that during a recession it is more important than ever for governments to make helping poor Canadians a priority. Most agree that government policies might be responsible for poverty. Nearly 60 percent agree that most people are poor because there are unequal opportunities in society.

As international evidence shows us, levels of wellbeing relate to the policy and program context – they are not inevitable. In general, countries with more generous social protection systems tend to have better population health outcomes. By comparison, Canada is falling behind other industrialized nations when it comes to levels of poverty, advances in early learning, levels of inequality between the rich and poor, and investments in social programs.

Many of the reports and studies reviewed for this paper also call for joined-up, integrated and inter-sectoral action. Benefits of a more integrated approach within government, between different levels of government and between government and the critically important third sector would be felt in policy making, program planning and delivery and in frameworks for measuring and reporting on wellbeing.

Introduction

The CIW's publicly released research reports in June 2009 on *Living Standards*, *Healthy Populations* and *Community Vitality* use a range of indicators of wellbeing to describe how Canada is positioned using national, and in some instances, provincial data. The CIW reports do not fully report on regional variations across the country or fully detail variations in select sub-populations.

The purpose of this paper is look at how some of the key themes from the three research reports relate to select groups of Canadians. In particular, it will further explore the connections between health, income, inequality and social cohesion for three groups of Canadians: Aboriginal peoples, youth, and racialized groups.

Identifying particular groups of Canadians is an inexact science. At the individual level, many groups of Canadians may face situations that put them at risk of lower levels of wellness and wellbeing and reduces their future prospects. This is not a constant state and relates to the environment in which a person is located as well as the intrinsic characteristics of the person. At the individual level, there is general agreement that persons with low income are at risk, however there are many other factors that could contribute to individual level vulnerability.

Efforts to select population groups for specific analysis can be somewhat subjective. Groups of people are dynamic; they do not have firm boundaries to define the group or fixed characteristics for members in the group. In addition, people belong to more than one group. Aboriginal peoples, racialized groups and youth were identified in the three earlier CIW research papers as being particularly at risk and are the focus of this paper. It is acknowledged that there are other significant groups of Canadians that may also be identified as living in vulnerable circumstances, including recent immigrants, persons with disabilities, and children that will not be discussed in this paper.

There are many reasons why some groups fall behind other Canadians including discrimination and racism, historic inequities based in treaties and legislation, geographic differences, and public policy. This paper does not explore the causes or specific solutions – it focuses on highlighting the issues and engaging others in conversations and action to address the uneven levels of wellbeing in Canada. The paper is descriptive and builds on past CIW work to explore wellbeing in Canada.

This paper also highlights the importance of bringing other perspectives to the discussion of the state of wellbeing of Canadians. It applies an international lens to Canada's state of wellbeing. How do we compare to other countries? How do we measure up when assessed against the obligations that we have accepted under international treaties with the United Nations?

The methodology is described in the next section, followed by a brief summary of the three CIW research reports which form the foundation for this paper. The main body of the paper explores recent research related to low income, income inequality, health, education and neighbourhoods and then looks at each of the three groups. This discussion is followed by an overview of Canada's state of wellbeing in an international context. The conclusion section

reflects on the importance of complementing national measures of wellbeing with more focused looks at groups of Canadians and identifies some issues for the CIW to consider as part of its ongoing work.

Methodology

The three CIW research reports highlight a range of issues that affect the wellbeing of Canadians. This paper extends that analysis by looking in more detail at some of the groups identified in those reports. It is based on a scan of studies and research that were published in 2008 and 2009 that relate to three issues discussed in the first research reports: income inequality and poverty; diabetes and youth self-rated health; and the significance of community connectedness and capacity building (community vitality). Over the next 12 months, the CIW will release additional research reports that consider other components of wellbeing such as democratic engagement, education, time use, arts, culture and recreation, and environment. While this paper may touch on some of the issues in these future reports, its focus is on the issues identified in the *Living Standards, Health Populations* and *Community Vitality* reports.

Within the overall focus on income inequality and poverty, diabetes and youth self-rated health, and community connectedness and capacity building, the paper further focuses on three population groups: Aboriginal peoples, racialized groups and youth. While there is some detail and disaggregation in the discussion of the three groups, this report tends to focus on the groups as a whole.

The scan boundaries were limited to 2008 and up to August 2009, in an effort to build on and extend the research undertaken as part of the three research reports. A limited number of sources are included for earlier years if they were particularly relevant or if recent sources were not available. It is recognized that these time boundaries served to limit the sources that were reviewed for this paper. Nonetheless, there was a significant volume of material and the findings or conclusions were not compromised or incomplete because of the time parameters.

A range of key words, reflecting the areas of focus and the select population groups, was used to search different electronic databases. This resulted in a body of academic and grey literature from local, regional, provincial and national sources. In addition, members of the Canadian Research Advisory Group (CRAG) of the CIW Network were canvassed for input and sources. Telephone interviews were conducted with some stakeholders to discuss potential sources for the scan. The draft report was circulated for comment to a number of experts researching or working with the groups featured in this report. Some of these experts participated in a roundtable discussion of the report. Feedback from this process was helpful in the completion of the final report.

Key Findings from the CIW Research Reports

This paper was developed to explore some of the key issues that were identified in the three CIW research reports released in June 2009. As noted earlier, the *Living Standards, Health Populations* and *Community Vitality* CIW reports use a range of national indicators to measure and assess wellbeing. The following is a brief summary of the key findings of each – it captures

the key messages but not the full scope or detail of the main research reports. The reports are available at www.ciw.ca.

Living Standards

- The average Canadian has higher income than they have in the past, however they also work longer hours. The average level of wealth of Canadians has also increased.* (research results prior to recession)
- Overall, Canada became a much richer country, but it was the top 20 percent that received the lion's share of rising income and wealth.
- Both income and wealth inequality have increased – the rich are getting richer. There has been little progress in reducing poverty and the poor are staying poor.
- There has been substantial improvement in labour market conditions but the proportion of long term unemployed has increased.
- The frayed social safety net provides less support for the disadvantaged.

Healthy Populations

- Canadians are living longer but not better. Life expectancy has steadily increased, but the number of years lived in good health peaked in 1996 and has since dropped.
- Substantial health gaps persist despite the availability of universal health services.
- There is evidence of a range of health inequalities – based on gender, income levels, education, ethno-racial backgrounds, age, geography (location in Canada), and community. For example, money and education matter – higher income and better educated Canadians enjoy better health and health outcomes than other Canadians. There are noticeable differences in life expectancy, health adjusted life expectancy, diabetes and depression (some of which are modified by income and education) for women and men.
- Canadians don't feel as healthy as they used to – there is a decline in self-rated health across the population.
- Teenagers are reporting more health problems and lower self-rated health – there is a decline in health and health outcomes for youth aged 12 to 19 years
- Diabetes is a significant chronic illness that affects Canadians - the single most important cause of diabetes is excess weight.

Community Vitality

- Social networks and relationships with family, friends and communities are getting smaller but remain strong. Canadians offer high levels of support to others.
- Canadians are participating more in organizations and volunteer activities.
- Levels of crime are down. Levels of trust are relatively high.
- Visible minorities report discrimination.
- Canadians feel they belong and that they are connected to their community.

Select Groups of Canadians

Canada has been a leader in articulating and exploring the connections between health and money, education, employment and community. The Lalonde report, *A New Perspective on the Health of Canadians (1974)* was important in identifying determinants of health like environment and lifestyle that were seen as outside the traditional health care system. *Health for All: A Framework for Health Promotion* (1986) described inequalities in health and argued that the factors outside the health system including income, social status, education, and employment had a significant effect on health. The influential *Ottawa Charter for Health Promotion* (1986) identified income and education as part of a list of prerequisites for health. More recently, the Public Health Agency of Canada established a list of 12 determinants of health (Canada 2003).

Canada has continued its leadership through the establishment by the CIW Network of the Canadian Index of Wellbeing. The eight CIW categories reflect the views of Canadians on "what really matters" as expressed through three separate rounds of public and expert consultations.

A Lens on Low-Income

Specific groups of Canadians may not have stable or sufficient sources of income, may have health conditions, unstable or inadequate housing or and/or limited and unstable relationships. They may not have sufficient money, resources or capacity to meet their basic needs and to participate in their community. They are particularly sensitive to changes in their environment and their experiences can be compounded by discrimination and stereotyping. A recent housing audit by the Centre for Equality Rights in Housing (2009) found that people belonging to certain groups were more likely to face housing discrimination which put them at higher risk of homelessness and associated factors.

Income and Income Inequality

The findings from the three CIW research reports confirm the continuing importance of income, employment and education to the wellbeing of Canadians. They show that many Canadians struggle in low-income to attain good health.

According to the May 16, 2006, Census of Population, there were 31,612,897 people in Canada, an increase of 5.4 percent from 2001 (Martel & Caron Malenfant, 2008). Canada had the highest rate of population growth of any G8 country between 2001 and 2006, due in large part to international migration (Martel et al, 2007). About 11.4 percent of the total population, or nearly 3.5 million Canadians, including nearly 880,000 children aged 17 years and under, lived in low-income in 2005 based on the after-tax Low Income Cut Off[1] (Statistics Canada 2008b).

[1] Statistics Canada's low income rate measures the percentage of families below the low income cut-off (LICO). The LICO is a statistical measure of the income threshold below which Canadians are estimated to devote at least one-fifth more of their income than the average family to the necessities of food, shelter and clothing.

While the after tax low-income rate has declined over the past 25 years, from 17.3 percent to 15.3 percent, the low-income rate for children changed very little (Statistics Canada 2008b). The low-income rate for those over 55 years is lower reflecting the impact of government transfers aimed at seniors.

Poverty and low-income in Canada have been the focus of a number of recent reports. In its 2008 Report Card, The Conference Board of Canada describes an "unacceptably high rate of poverty among working population" in Canada. The United Nations (UN) Human Rights Council reported in December 2008 that Canada's minimum wage results in an income that is below the Low-income Cut Off level (LICO), a commonly used measure of poverty (Working Group on the Universal Periodic Review, 2008). The Senate of Canada, Subcommittee on Cities (2008) reported that "labour force participation is no longer enough to keep Canadians out of poverty." Despite these and other criticisms, in early June 2009, Canada rejected the UN Human Rights Council recommendation for the development of a national strategy to eliminate poverty (Canada, 2009).

An OECD report (2008) noted that 22 percent of all Canadian workers earned two thirds or less of the median earnings for Canadians. And the proportion of low wage workers is growing: between 2000 and 2008, the proportion of minimum wage jobs grew from 4.7 percent to 5.2 percent of all jobs and the number working at minimum wage grew by three quarters of a million workers. While many of these jobs may be held by young people starting out, four in ten of them in 2007 were held by people over the age of 25 years.

Low-income Canadians appear to be more "at risk" in the current economic environment than they were in the past. In 2008, the UN Human Rights Council expressed concern about Canada's rate of food insecurity. Median incomes for full time, full year work increased by $600 or 1.5 percent in the 15 years from 1990 to 2005 (Statistics Canada, 2008b). In comparison, shelter costs increased by 18.5 percent between 2001 and 2006 and inflation was 11.26 percent. The result is that more and more Canadians can't make ends meet. This is evident in the 42 percent increase in new clients at Credit Canada over the past year (Recession Relief Coalition, 2009). In June 2009, Food Banks Canada reported a 20 percent increase in the number of Canadians turning to food banks each month. Nearly 15 percent of food bank users in Canada get all their income from work and still aren't able to care for and feed their family (Food Banks Canada, 2008).

The situation is similar for people relying on social assistance or other forms of income support. The Senate of Canada described Canada's income support programs as "broken" (Senate, 2008). The UN Human Rights Council (2008) noted that social assistance rates are lower in most provinces and territories than they were a decade ago. A recent report, *Exposed: Revealing the Gaps* documents the changes to Canada's jobless benefits programs from the early Unemployment Insurance program with benefits of up to 75 percent to the current Employment Insurance program with 55 percent benefit levels and restrictive eligibility criteria (Yalnizyan, 2009).

Income inequality is growing. After 20 years of decline, both inequality and poverty rates in Canada have increased in the past 10 years and they are now higher than the OECD average

(OECD, 2008). As well, our rate of growth of income inequality in the upper half of incomes is greater than in the United States (Green & Milligan, 2007). This is largely because the highest income groups are growing in numbers and their incomes are increasing, serving to widen the gap between high and low-income Canadians. In 2000, the top 5 percent earned 39 times more than the bottom 5 percent (Green & Milligan, 2007). Other analysis shows that the middle class, those earning $30,000 to 59,999, has been shrinking over the past 25 years (Curry-Stevens, 2009). In their 2008 Report Card, the Conference Board of Canada gave Canada a 'C' for income inequality.

Manufacturing and blue collar workers, clerical employees and retail sales persons had little or no growth in their level of earnings between 1997 and 2007 (Morissette, 2008). Canada has one of the highest proportions of low paid workers among similar OECD countries (LaRochelle-Cote & Dionne, 2009). One in seven full time workers was paid $10 or less an hour in 2004 (LaRochelle-Cote & Dionne, 2009).

The recession is not likely to help this situation. In July 2009, the CIW released a special report, *The Economic Crisis through the Lens of Economic Wellbeing* (Sharpe & Arsenault, 2009). The report comments that the current recession will erase many of the economic and standard of living gains made since the mid-1990s. Unemployment and poverty will likely continue to rise and stay at high levels for years. The report points out that there has been a great loss of income since the onset of the recession and the hardest hit have been the bottom 20 percent of households. Based on previous recessions, the report predicts that unemployment will likely peak at around 10 percent in 2010 and the poverty rate will rise to 13.2 percent in 2010.

In the previous recessions (1981–1984 and 1989 –1993), the lowest decile or bottom 10 percent of income earners lost 60 percent and 86 percent of their incomes and gained some but not all of the losses back in the related recovery period (Curry-Stevens, 2009). By contrast, the top 30 percent of incomes gained back more in the recovery periods than they lost in the recessions (Curry-Stevens, 2009). The middle class lost income in the 1980, 1989, 1993 and 2000 recessions and shrank in size by about 25 percent over the 20 years in proportion to other income groups (Curry-Stevens, 2009).

About 71 percent of those affected in Canada by the recession are men; in the US, the estimates are as high as 80 percent, prompting some observers to call it a 'he-cession' (Hennessy & Yalnizyan, 2009). The unemployment gender gap is wider in Canada than it has been since 1976 when Statistics Canada began to collect monthly unemployment statistics (Hennessy & Yalnizyan, 2009). Job losses have been concentrated in the middle age groups, those between 24 – 54 years and younger workers, under 25 years.

The 2009 recession appears to have some of the same characteristics as previous recessions. Job and income losses have affected lower income households more than higher income households. However, upper income households have been most affected by the decline in the dollar value and net worth of their household wealth. If past history holds true, one could expect that the inequality will increase to levels higher than previous pre-recession levels in the recovery phase (Sharpe & Arsenault, 2009).

Low-income, Employment and Education

Much is written about the growth of low wage precarious, insecure, and uncertain work. In 2004, 37 percent of all workers in Canada were employed in insecure, part time, temporary jobs, and often they were self-employed or working in multiple jobs (Wellesley Institute, 2008). As part time work has increased, full time employment has declined as a percentage of total jobs. The recession is speeding up this change. Between October 2008 and March 2009, Canada lost 387,000 full time jobs or 2.8 percent of the full time job market and gained 30,000 part time jobs (Yalnizyan, 2009). Women and racial minority men and women tend to work in low paying part time and insecure jobs (Lightman, Mitchell & Wilson, 2008).

Education, employment and income are linked. Statistics Canada describes education as a 'gateway' to higher earnings (Statistics Canada, 2008b). It is a critical factor in explaining much of the growing income inequality between households with a university level education and those with high school or less. This relationship does not hold true for immigrants, particularly recent immigrants, who often have higher levels of education yet face significant related employment barriers. Education is also a point of divergence for health, as the CIW report on *Healthy Populations* showed, people with higher education are healthier than people with less education.

Some workers are less likely to receive on the job training sponsored by the employer which serves to further disadvantage them in the labour market. A recent study found that four groups of Canadian workers – low wage, female, lower education and non-union – are less likely to receive training opportunities from their employer. The study also found that when offered, these four groups were also less likely to decline the training opportunity (Cooke, Zeytinoglu & Chowhan, 2009).

The Conference Board (2008) reports that while Canada has dropped from an 'A' to a 'B' grade in education over the past 10 years it is still an exceptional performer that ranks second in the sixteen OECD countries that were ranked as part of the analysis. The report however noted that about 7 million working age people in Canada don't have the literacy skills needed for the workforce. Their lack of education affects employability which, in turn, affects income prospects and contributes to the entrenched and growing inequality.

Research has shown the importance of reading proficiency in the participation and completion of secondary and post-secondary education. It too is linked to income and the results gap between low and high income households is evident. Thirty-two percent of youth reading at Level 3 proficiency (on a 5 level scale) from the lowest income households did not complete secondary school compared to about 19 percent of those from the highest income households (Bussiere, Hebert & Knighton, 2009). In addition, literacy has an impact on income. Green and Riddell (2007) found that a 25 point increase in the average literacy score had an impact on earnings that was the equivalent of an extra year of schooling.

Low-income and Health

The CIW *Healthy Populations* research report concluded that Canadians generally enjoy good health and that while life expectancy is increasing, health improvements are not shared by all Canadians. People with low-income or living in low-income households, people living in poor and at risk neighbourhoods, people with lower levels of education, and members of different racial groups have not benefited equally from the overall improvements in health. For example, individuals living in households with incomes below $20,000 are almost three times more likely to experience a decline in self-rated health than people with the highest incomes (Orpana, Lemyre & Kelly, 2007). Research from multiple sources has shown that low income Canadians have the highest mortality rates, the lowest life expectancy rates, and the highest rates of hospitalization and emergency visits.

Low-income people have overwhelmingly negative perceptions of their identities because of their low-income and their income related exclusion from mainstream society. The 'stigma' of poverty was experienced at different levels and had negative effects on their overall wellbeing, including their physical and mental health (Ruetter, Veenstra, Love, Raphael, Makwarimba, 2009). In effect, the negative self perceptions of an individual with low-income affect their health and wellbeing which in turn contributes to their poor health – a circular, no win situation.

Diabetes is an example of a chronic disease that affects some groups more than others. A recent report by the Conference Board (2009) commented that the increasing levels of mortality due to diabetes should be ringing alarm bells. The poorest 20 percent of the population, the working poor and those on social assistance, have rates of diabetes and heart disease that are more than double the rates of the richest 20 percent of the population (Wilson, Lightman & Mitchell, 2009). Household income below $30,000 has been associated with skipping blood glucose monitoring and poor nutrition (Kwan, Razzaq, Leiter, Lillie & Hux, 2008) and socio-economic status and risk factors have been linked to hospitalization related to diabetes (Canadian Institute for Health Information, 2008).

There is also a connection between low-income and psychological stress and overall self-rated health. Men and women with low-income report lower levels of self-rated health and higher levels of distress. Low-income men are 58 percent more likely to become distressed than higher income men; low-income women are 25 percent more likely to become distressed (Orpana, Lemyre & Gravel, 2009).

Low-income and low levels of education are also barriers to participating in active leisure activities. A recent study reported that women, university educated people, married people, and those with incomes of $60,000 were among those who were most likely to participate in active leisure activities (Hurst, 2009). It has been estimated that there would be a savings of $150 million per year related to a 10 percent reduction in physically inactive Canadians (Hurst, 2009).

Low-income and poverty have an obvious negative effect on the health and wellbeing of those who directly experience it, but it also affects us all. It affects our children and our health, social

relationships, and communities. It also affects the economy. It is estimated that poverty costs Canada between $24.4 and $30.5 billion a year in health spending not including additional costs at the provincial level. The World Health Organization estimates that households with the lowest 20 percent of income account for 31 percent of health care spending on individuals (Commission on Social Determinants of Health, 2008). If incomes of those with the lowest 20 percent of income were raised to the second quintile, the 20-40 percent level, there would be health related savings of $7.6 billion a year (Ontario Association of Food Banks, 2008). Another way of looking at it is that for every $1,000 in additional income for the poorest 20 percent of Canadians, there will be nearly 10,000 fewer chronic conditions, and 6,600 fewer disability days lost every two weeks (Wilson, Lightman & Mitchell, 2009).

The current recession will not improve the situation. In fact, the Standing Senate Committee on Social Affairs, Science and Technology (2009) cautions that the current health disparities may widen further in the economic recession.

Low-income and Neighbourhoods

Neighbourhoods matter and belonging to a strong and positive community with a number of social contacts is good for one's wellbeing and for the community at large. Canadians, with both low and high incomes, agree that participation in community events and recreational activities is good for the health of the individuals participating and good for the community (Stewart, Reutter, Makwarimba, Love, Veenstra, Raphael, 2008). Unfortunately, the chances of having social networks and living in a strong community vary based on one's income and education.

There have been a number of studies of urban areas which compare self-reported health in high and low-income neighbourhoods. Residents in higher income urban areas report higher levels of self-rated health and satisfaction with their community than those in lower income urban areas. A 2007 report concluded that individuals living in households with incomes of $20,000 or less a year were nearly three times more likely to experience a decline in self-rated health than people with the highest incomes (Orpana, Lemyre & Kelly, 2007). A recent study was undertaken in eight suburban neighbourhoods in the Vancouver Census Metropolitan Area that were described as having median incomes in the middle income range. Despite the focus only on middle income suburban neighbourhoods, there was some income variation between the eight neighbourhoods. Like the high and low-income neighbourhood studies, the researchers found that residents of the middle income neighbourhoods with lower median incomes were more likely than those middle income neighbourhoods with higher median incomes to rate their health as fair/poor, more likely to be dissatisfied with their neighbourhood as a place to live, and more likely to perceive their neighbourhood to be of poor quality (Hayes & Oliver, 2009).

A comparison of Dissemination Areas[2] within a neighbourhood in Calgary found that residents of the more disadvantaged Dissemination Areas reported significantly higher levels of fair/poor

[2] A Dissemination Area is a small area composed of one or more neighbouring blocks, with a population of 400 to 700 persons. All of Canada is divided into dissemination areas.

or very good health as compared to excellent health. (Hainesa et al, 2009). This study also found that residents perceptions of financial security or lack of security also influenced self-reported health.

Other research has looked at the impact of low-income and neighbourhood on specific health conditions or illnesses. The City of Toronto (2008) found that low-income and disadvantaged communities have higher rates of illnesses including diabetes. Neighbourhood factors as well as diet, physical activity and pollution exposure are associated with the risk of diabetes (Finkelstein, 2008). In Ontario, women living in the lowest income quintile neighbourhoods have 25 percent higher odds of a premature birth and 46 percent higher odds of a low birth weight baby (Urquia, Frank, Glazier & Moineddin, 2007). Another study showed that children living in low-income neighbourhoods gained more weight over an eight year study period than children in middle income neighbourhoods (Oliver & Hayes, 2008).

The association between an individual's sense of belonging and their general health is complex. The *Community Vitality* report identified that volunteer activity, community trust and support for others increased with income and education level.

Stewart et al (2008) distinguished between participation in a range of social, recreational, volunteer, work and family activities and feelings of connection and exclusion through common experience activities. They found that higher income respondents participated more in activities that provided a common experience and promoted connection and inclusion in the community. The major barrier to participation for low-income individuals was financial, although barriers related to social, gender and racial background were also noted. Less than half of those with low-income felt a positive impact from their participation.

Fear of neighbourhood crime is also related to income and education. About 18 percent of urban residents, 15 years and older, reported feeling very or somewhat unsafe when they were alone in their neighbourhood after dark (Fitzgerald, 2008). This increased to 25.5 percent for those residents living in the lowest income neighbourhoods (the bottom quartile), and was 24.6 percent for residents with less than secondary school education (Fitzgerald, 2008).

Relationships have been identified between self-rated health and inclusion. Poorer health is associated with lack of inclusion. Connections have also been identified between sense of belonging and connectedness and mental health. About 81 percent of people who said they had excellent or very good mental health reported a strong sense of community belonging compared to 64 percent who reported a very weak sense of belonging (Shields, 2008). Those with the strong sense of belonging had twice the odds of reporting excellent or very good health compared to those with weak community belonging.

There is increasing recognition of the need for place based approaches to respond to some of the challenges facing communities today. The CanWest Foundation (Diers, 2008) argues that strong and inclusive communities are needed to address current challenges. Tim Brodhead,

president of McConnell Family Foundation has talked about the need for community leadership and capacity to address the deeper systemic issues (Maxwell, 2008). The United Way of Canada supports approaches to locally driven neighbourhood change in their Action for Neighbourhood Change and the related Strong Neighbourhood projects across the country. Judith Maxwell, a Senior Fellow at the Canadian Policy Research Networks[3] refers to the Hamilton Roundtable on Poverty Reduction and the Toronto City Summit Alliance as examples of efforts to mobilize communities to address current problems (2008).

A Lens on Three Population Sub-Groups

The analysis contained in the three CIW research reports are based on Canadian averages – averages related to income, inequality, self-rated health, and connection to community, among other factors. Averages are an important tool to describe our current position, to measure change and assess relative positioning. They are a foundational starting point for changing the dialogue about what constitutes wellbeing in Canada. But averages tell us very little about the variations within the average.

Canada is geographically diverse, with distinct sub-economies, demographics and cultures. We know, for example, that lone parents, unattached older individuals (45 –64 years), immigrants who have been in Canada less than 10 years, persons with work-limiting disabilities, and Aboriginal peoples living off reserve are more likely to have low-income and experience poor health.

This section describes how some groups of Canadians are benefiting less than other groups in Canada's good health and growing wealth. The findings for Aboriginal peoples and racialized groups suggest ongoing inequalities based on culture and race are in addition to the income and education related inequalities that were discussed in the CIW research reports earlier in this paper.

Aboriginal Peoples

In 2006, there were 1,172,790 persons who identified themselves as Aboriginal[4] (First Nations, Métis and Inuit) in the Census (Statistics Canada, 2008a). Canada has the second highest proportion of Aboriginal people in the world at 4 percent of the total population in 2006 behind New Zealand at 15 percent. Canada's Aboriginal population is growing – between 1996 and 2006 it grew by 45 percent, nearly six times faster than the rate of growth for the non-Aboriginal population. Within the Aboriginal population, the Métis have the highest rate of growth at 91 percent; the First Nations and Inuit grew by 29 percent and 26 percent

[3] Canadian Policy Research Networks (CPRN) recently announced that it will close operations on December 31, 2009.

[4] Aboriginal is a collective term for people who self-identify as First Nations, Métis and Inuit peoples and those who report being a Treaty Indian or a Registered Indian, as defined by the Indian Act of Canada, and/or those who report that they are a member of an Indian band or First Nation. There is no legal definition of First Nations. Demographic analysis of First Nations often distinguishes between First Nations people living on and off reserve. There are more than 50 distinct Aboriginal groups each with its own language and traditional land base in Canada.

respectively between 1996 and 2006. The Aboriginal population is younger than the non-Aboriginal population – nearly half the population is 24 years and younger compared to 31 percent for the non-Aboriginal population. The median age for the Aboriginal population is 27 years compared to 40 years for the non-Aboriginal population.

The Aboriginal population has lower levels of secondary and post-secondary education than the non-Aboriginal population. Eight percent of the Aboriginal population has completed university compared with 23 percent for the non-Aboriginal population. Despite an increase from 6 percent (2001) to 8 percent (2006), the gap between university attainment for Aboriginal and non-Aboriginal adults widened (INAC, n.d.). A much higher proportion of the Aboriginal population has not completed high school than the non-Aboriginal population, 34 percent compared to 15 percent (INAC, n.d.). In the past, the Auditor General has commented on the level of funding for schools located on reserves; recently the Office of the Parliamentary Budget Officer reported that there is no specific appropriation by Parliament for the capital and operational funding of on reserve schools (Rajekar & Mathilakath, 2009).

Income and employment levels are lower as well. In 2006, 60.5 percent of First Nations adults aged 25-54 (an increase of 4 percent over 2001) were employed compared to 81.6 percent for non-Aboriginal adults (Gionet, 2009). The median annual income for First Nations people aged 15 and over in Canada was $14,517 in 2005, about $11,000 lower than the figure for the non-Aboriginal population ($25,955). The income gap is unchanged from 2000 (Gionet, 2009). Off reserve First Nations people had higher income levels than those living on reserve.

The June 2009 report of the Standing Senate Committee on Social Affairs, Science and Technology commented that "There are striking disparities between Aboriginal and non-Aboriginal Canadians in most health determinants and the gaps are widening. In particular, the socio-economic conditions in which Aboriginal peoples live are often cited as being similar to those in developing countries. This situation is not only deplorable, it is simply unacceptable" (Standing Senate Committee, 2009).

Aboriginal peoples experience persistent health and income inequities that are exacerbated by discrimination, described as "virulent and entrenched" (McMurtry & Curling, 2009), and a sense of exclusion. Canada's First Nations communities were ranked at 68 out of 177 countries using the United Nations Human Development Index which measures health, knowledge and standard of living (UNICEF, 2009). In contrast, Canada ranked 3rd (UNICEF, 2009). This example highlights the significant equity gap as well as the importance of looking at the experience of specific groups that get lost within a national average or measure.

Just over one third of First Nations households lived in poverty in 2001 (Ontario Association of Food Banks, 2008). They experience very high rates of child poverty with an estimated one in every two Aboriginal children living below the poverty line (Bennett & Blackstock, 2007). Poverty is linked to increasing levels of obesity in Aboriginal teens (Spurr, 2007). Aboriginal peoples have lower life expectancy than other Canadians, and Inuit have the lowest life expectancy of Aboriginal peoples at 12 years less than the Canadian average. Between 2002 and 2006, the tuberculosis rate among the Inuit was 90 times higher than in the non-Aboriginal

population in Canada (Minsky, 2009). The life expectancy gap is widening, not decreasing for the Inuit (Statistics Canada, 2008a).

Internationally, the UN Human Rights Working Committees have expressed concern, first in 2003 and again in 2008, about the health of Aboriginal children and the social, economic and health disparities between Aboriginal and non-Aboriginal people.

Aboriginal children are the fastest growing group in Canada's population. While progress has been made in lowering infant mortality rates, increasing education levels and improving social conditions, there is still much to be done. UNICEF (2009) described the health disparities facing First Nations, Inuit and Metis children as 'one of the most significant children's rights challenges facing our nation'.

Aboriginal children are more likely than non-Aboriginal children to live with a lone parent, grandparent or other relative. The Assembly of First Nations has filed a complaint to the Human Rights Commission about the underfunding of First Nations child welfare, estimated to be about 22% lower than for non-Aboriginal funding levels (Aboriginal Child & Family). About 54 percent of Aboriginal people live in urban areas – this proportion increased from 50 percent in 1996. Aboriginal people are almost four times more likely than non-Aboriginal people to live in a crowded dwelling and are three times as likely to live in a dwelling in need of major repairs. (Statistics Canada, 2008a)

Aboriginal youth have lower rates of educational attainment. In 1996, 44 percent of Aboriginal people over the age of 14 had not completed high school compared to 23 percent of non-Aboriginal Canadians (Sharpe, Arsenault, Lapointe & Cowan, 2009).

The prevalence of overweight and obesity is much higher in Aboriginal populations than the rest of the population in Canada. Interestingly this pattern is also evident in the Aboriginal population in United States, Australia and New Zealand (Garriguet, 2008). A study was conducted, using the previous Canada Food Guide, comparing Canadian off reserve Aboriginal men and women, 19 to 50 years, to a similar non-Aboriginal group of men and women. Off reserve Aboriginal women received 35 percent of their average daily calories from the 'other food' group (992 Canada's Food Guide) compared to 24 percent for non-Aboriginal women and had one less serving of fruits and vegetables and grains (Garriguet, 2008). They also consumed less dairy products. The experience of off reserve Aboriginal men was similar – they consumed less protein and less dairy products. Neither groups of men consumed the recommended amount of fruit and vegetables (Garriguet, 2008). In contrast to the non-Aboriginal population, off reserve Aboriginal men and women with lower household incomes were more likely to be obese or overweight. Off reserve Aboriginal women had significantly higher rates of overweight and obesity that were associated with their higher caloric intake. These findings warrant concern - obesity is recognized as a risk factor in diabetes, cardiovascular diseases and other serious health problems. In addition, the foods that are missing from the off reserve Aboriginal diets are foods that help reduce and control diabetes and other diseases.

Aboriginal peoples have lower levels of self-rated health than the total Canadian population. According to the 2006 Aboriginal Peoples Survey, the number of Inuit adults over 15 years who report that their health is excellent or very good has dropped from 56 percent in 2001 to 50 percent in 2006 (Tait, 2008). Overall, fewer Inuit people report that their health is excellent or very good compared to the total Canadian population. This finding is similar for the Métis adult population, however in 2006, a higher proportion (62 percent) of Métis adults over 15 years reported their health was excellent or very good (Janz, Seto, Turner, 2009).

Others (Soroka, Johnston & Banting, 2007) have highlighted the persistent inequity in health of Aboriginal peoples and commented that the lack of belonging, power, participation and empowerment of Aboriginal peoples is a great challenge to social cohesion in Canada. Aboriginal people reported a lower sense of community belonging and connectedness than White people; 54 percent compared to 65 percent (Shields, 2008). There is a strong relationship between low household income and low levels of community belonging and also between self-rated physical and mental health and sense of belonging. Studies have demonstrated that Aboriginal youth suicide increases in communities where there is a lack of cultural continuity, power, social participation and empowerment (Commission on Social Determinants, 2008).

Aboriginal peoples have higher levels of unmet health care needs, particularly those in off reserve and remote areas as evidenced by recent media reports regarding cases of H1N1 virus. They experience higher rates of obesity, diabetes and other chronic illnesses that are associated with income and education (Public Health Agency of Canada, 2008).

In addition to the individual and social costs of exclusion, low-income and poor health, there are significant economic costs. One estimate calculates the cost of the use of government services and benefits by the Aboriginal population at $6.2 billion in 2006 (Sharpe, Arsenault, Lapointe & Cowan, 2009). It is argued that if the Aboriginal population were to attain education and labour market outcomes similar to the non-Aboriginal population, the government balance sheets would improve by nearly $12 billion in 2026 including additional tax revenues of $3.5 billion (Sharpe et al., 2009).

Racialized Groups

Over 5 million or 16.2 percent of all Canadians reported in the 2006 Census that they belonged to a visible minority[5] (Statistics Canada, 2008f). Between 2001 and 2006, Canada's visible minority population increased by 27.2 percent, or five times faster than the growth rate of the total population (Statistics Canada, 2008f). Three in ten visible minorities were Canadian born in 2006; the remainder came to Canada as immigrants (Statistics Canada, 2008f).

Visible minorities tend to be younger than the non-visible minority population. In 2006, the median age of the visible minority population of 33 years was lower than the median for the total population in Canada (39 years) (Statistics Canada, 2008f). Visible minority populations

[5] Visible minorities refer to persons who are non-Caucasian in race or non-white in colour.

have a larger proportion of younger children, 14 years and younger, than the total population, 22.6 percent compared to 17.9 percent (Statistics Canada, 2008f). Nearly 96 percent of all visible minorities live in a census metropolitan area in Canada.

There is an increasing awareness of the racialization of poverty and the disproportionate and persistent incidence of low-income among racialized groups[6] in Canada (Children's Aid Society, 2008). Visible minority or racialized groups are three times more likely to be poor than other Canadians because of levels of education, barriers to employment and low wages. They are also more likely to be poor because of persistent social exclusion and because of racialization in the labour market (Colour of Poverty 2007 and Galabuzi, 2009). This situation will be exacerbated in the current economic recession with the loss of lower wage jobs. McMurtry and Curling (2009) described exclusion as "a seemingly more entrenched and often more virulent form of racism."

The *Community Vitality Report* noted that average Canadians felt a strong sense of belonging to their local communities. Many racialized groups however report lower sense of community connectedness and belonging than non-racialized groups. Compared to 65 percent of Whites, almost 54 percent of Blacks and Latin Americans and 52 percent of Southeast Asians reported a strong sense of community belonging (Shields, 2008). The *Community Vitality Report* also reported that over the past ten years, a higher proportion of Canadians feel safe walking alone after dark. Visible minority Canadians feel less safe in their communities than non-visible minorities. Compared to 18 percent of Canadians living in urban areas, about 20 percent of visible minority residents reported feeling very or somewhat unsafe while alone in their urban neighbourhoods after dark (Fitzgerald, 2008).

Social exclusion and reports of discrimination are persistent in racialized communities and within groups of racialized youth. About 81 percent of visible minorities felt that they had experienced discrimination because of their race or ethnic origin (Perreault, 2008). Nearly twice as many visible minorities as non-visible minorities reported that they had experienced discrimination (Perreault, 2008).

Racialized men and women are more likely than other groups, except non racialized women, to be working in insecure part time, low wage work (Lightman, Mitchell and Wilson, 2008). Galabuzi (2009) looked at the socio-economic status of racialized groups and found a gap in the economic performance of racialized groups in terms of income, unemployment, skills utilization, and labour market participation. This inequality leads to the increased likelihood of low-income for racialized groups. In the same way that there is an income gap between higher and lower income Canadians, there is evidence of an income gap based on race and a gap between racialized and non-racialized immigrants. The Conference Board of Canada estimates the wage gap at 14.5 percent (2009).

There is little expectation that the current recession will improve the situation – now or in the future. Based on a historical analysis of the economic performance of racialized groups, Galabuzi (2009) commented that economic exclusion persisted even in situations of economic

[6] The term racialized groups is used in this context to categorize or describe groups of people on the basis on race.

expansion – without deliberate attention, it is not likely that the anticipated economic recovery will do much to change past patterns. Organizations and employers, despite the recognition of the benefits of diversity, failed to follow through with action and their performance in addressing diversity in the workplace has been described as mediocre (Conference Board, 2009).

There also appears to be evidence of an achievement gap for children - a recent Toronto District School Board report (O'Reilly & Yau, 2009) identified a clear gap in grade 3 and 6 EQAO tests based on race, income, marital status, and parent's level of education. Some of the differences were as high as 40 percent in math. The report found lower levels of participation of racialized children in pre-school programs and sports and recreation programs. The UN Human Rights Council (Working Group, 2008) commented on the high drop out rate for older Afro-Canadian students and referred to difficulties these youth experience in school.

At the university level, the situation is similar. It is estimated that 33 percent of Canadian children (children of Canadian born parents) will complete university (Abada et al, 2008). Performance of racialized groups varies considerably with about 23 percent of first generation and immigrant children from Caribbean and Latin American parents and less than 20 percent of children of Fillpino parents completing university (Abada et al., 2008). As level of education affects employment and income, these findings suggest that the racialized income gap will be maintained for some time in the absence of appropriate interventions.

The association between an individual's sense of belonging and their general health is different for different groups. The 2008 *Roots of Violence* report on youth violence in Ontario heard of many youth who rarely left their neighbourhoods suggesting "a very real feeling of social exclusion from the rest of the city" (McMurtry & Curling, 2008). The recent UN Human Rights Council Periodic Review (Working Group, 2008) recommended that Canada develop measures to strengthen representation of Black and Aboriginal communities at the federal and provincial levels in public office – to include them in government decision making processes.

Findings that visible minorities are less confident that they fully belong in Canada (Banting, Courchene, Seidle, 2007) and evidence of increasing ghettoization based on race has implications for social inclusion and engagement. The growing racialization of poverty has been described as the 'big elephant in the room' (Galabuzi, 2007).

Youth

Over the past five years, the number of children 15 years and younger declined by 2.5 percent to about 5.6 million (Martel, 2008). In about 15 years, the number of children under 15 years will be outnumbered by the number of seniors. While Canada is one of the youngest countries in the G8, we are aging quickly.

The CIW *Health Populations* research report commented on the decline in self-rated health by youth. Socio-economic, cultural and childhood experiences shape youth who mature into healthy, productive adults facing different futures than adults before them. Monitoring these influences and transitions on the wellbeing of youth is important.

Young people's health is influenced by their parent's social and economic status. Research suggests that the effects of family status can be felt on a child as early as 10 years of age (White, Sterniczuk, Ramsay & Warner, 2007). Poor children show higher incidences of most health–related problems than non-poor children. For example, about one quarter of children in low-income two parent families have some kind of psychiatric, schooling or social problems. This rises to 43 percent for children from low-income single parent families (Ontario Association of Food Banks, 2008). Children are influenced by and bring these and other health related problems with them into their youth.

Youth health and wellbeing also vary depending on racial background. White youth reported higher levels of wellbeing than racial minority youth and two times higher than Aboriginal youth (White et al., 2007). Racial minority youth have higher perceptions of discrimination based on religion, race and gender than White or Aboriginal youth.

Children and youth who participate in sports and physical activity have higher levels of self-rated health. Children and youth with healthy eating habits also have better self-rated health (Martz, 2008). Both access to healthy and nutritious food and access to sports and extra-curricular activities are related to income.

Youth are delaying the transition into independence. An older report from the Canadian Council on Social Development (Myles, 2005) describes the situation as 'postponed adulthood' and notes that over 40 percent of young adults in their 20s are living at home, an increase from the 20 percent level in 1970. Earnings of young adults relative to other earners have been falling over the past 20 years and young adults are entering employment later than ever before. Earnings are distributed differently than in the past and the level of wealth accumulated by adults in their mid-30s has been falling since the end of the 1970s. The result is postponed adulthood and postponed independence.

This trend is reflected in a decline in jobless youth (defined as the proportion of people aged 20-24 who are neither working nor attending school), from 22.7 percent in 1985 to 13 percent in 2006 (Conference Board, 2009). Canada ranked 9th out of 17 countries on this measure (Conference Board, 2009). While youth seem to be postponing the transition and staying in school longer, there is criticism that these youth are not acquiring the skills and abilities to support the move to work and independence.

An International Lens

The CIW is an important initiative that serves as a lens for looking at Canada's state of wellbeing. The work of the CIW is part of a global movement to highlight the need for measuring wellbeing in societies and developing ways and means for international comparisons.

The United Nations conducts reviews to provide an external perspective and hold countries accountable for their Human Rights and other international commitments. These reviews focus on the legislative, infrastructure and policy framework in member countries – they may be

specific reviews, as in a recent housing review, or broader and regular reviews of overall Human Rights framework including equality, administration of justice, conditions of work, freedom of religion or belief, right to education, minorities and indigenous people.

Many of the issues and concerns highlighted in the three CIW research reports have also been discussed in recent UN reports on Canada. For example, the December 2008 report reviews Canada's compliance with various Human Rights commitments and undertakings. It reported positively on progress made in some areas and identified a range of issues and concerns for follow-up, some of which have already been noted in this paper. The report commented that minority groups, particularly Afro-Canadians and Aboriginal peoples faced discrimination both in employment and in earnings from that employment. It commented on the 'dramatic inequality' in living standards of Aboriginal peoples and recognized Canada's more recent efforts to improve the situation for Aboriginal children. The report suggested that marginalized communities should be given opportunities to participate meaningfully in decisions, reflecting the discussion about inclusion and social cohesion in the CIW research reports. It also commented on Canada's low minimum wage and social assistance rates and noted that 7.4 percent of the population experiences food insecurity because of low-income.

The UN Special Rapporteur on Housing (2009) referred to a previous review of Canada's compliance with the International Covenant on Economic, Social and Cultural Rights which called Canada's state of homelessness and inadequate housing a national emergency. The Special Rapporteur recommended the development and implementation of a properly funded poverty reduction strategy that was respectful of human rights.

These comments from two recent UN reports serve to reinforce the main findings of the three CIW research reports. Poverty, income inequality, inadequate shelter and food, discrimination and racism, and exclusion are issues that Canada needs to deal with. Canadians want to see evidence of improved wellbeing and the international community expects to see better Human Rights outcomes.

International comparisons and measurements show what is achievable in practice and in different public policy and program contexts. They provide a lens through which we can assess and compare the impact and outcomes of our programs and policies.

So how is Canada doing?

- In 2008, the Organization of Economic Cooperation and Development (OECD) commented on the significant increase in inequality of earnings between rich, middle and poor income households in Canada. They also commented that the levels of inequality are higher in Canada than in many other OECD countries. Interestingly, Canada's inequality ratios (for market income) are very similar to those in China, however, our tax and transfer programs significantly lower the after tax income gap (Green & Milligan, 2007). In a recent comparison, Canada ranked 12th out of 17 countries in measures of income inequality (Conference Board, 2009).

- The OECD (2008) noted that Canada spends less on benefits such as unemployment and family benefits than most OECD countries. Despite the China example above, our tax and transfer benefits do not reduce inequality by as much as in many other countries and their effect on inequality has been declining over time. For example, poverty rates in Nordic countries are similar to Canada but when taxes and transfers are taken into account, the poverty rates in Nordic countries fall to levels substantially lower than in Canada (WHO, 2008). Working age poverty has been identified as a significant concern – Canada does not compare well to other countries, ranking 15th out of 17 countries on measures of working age poverty (Conference Board, 2009).

- Canada ranked 12 out of 21 rich countries in a 2007 UNICEF report card on child poverty. In another UNICEF report card (2008) measuring quality of early childhood services, Canada tied for last with two other countries in a ranking of 25 industrialized countries – Canada met fewer than 3 of the 10 minimum standards for early childhood services. The Conference Board 2009 Report Card ranked Canada 13th out of 17 peer countries in child poverty and noted that one in seven children live in poverty in Canada.

- Canadians are happy with their lives, but less happy than they used to be. While Canada ranked 8th in terms of life satisfaction for OECD countries, it was one of only five countries that registered a decline in satisfaction between 2000 and 2006 (OECD, 2009). The other countries were Portugal, Hungary, the United States and Japan.

- In a June 2009 report, the Standing Senate Committee on Social Affairs, Science and Technology commented that Canada has fallen behind countries such as the United Kingdom and Sweden in applying the population health knowledge base that had been largely developed in Canada and that the lack of action had led to an unacceptable widening of health disparities in Canada.

Levels of wellbeing relate to the policy and program context – they are not inevitable. In general, countries with more generous social protection systems tend to have better population health outcomes.

These and other reports also recognized the need for a different, integrated approach to the challenges that face public policy makers. Internationally, the WHO Commission on Social Determinants of Health (2008) referred to the need for a broadened focus and web of players. The UNICEF report (2009) commented that inherent inequities in the Canadian governance structure is a fundamental contributing factor to health disparities and recommended the removal of jurisdictional boundaries that block effective health care. Closer to home, the Senate Sub-Committee on Cities commented that the federal, provincial and territorial governments weren't organized to deliver a coordinated response to poverty, housing and homelessness. Another Senate Committee, this time on Population Health (2008), recognized the need for coordination among different government departments, collaboration among all levels and the participation of a range of stakeholders including communities and the private and non-profit sectors. The Roots of Violence report concluded that only an integrated and collaborative approach to the roots of violence would succeed (McMurtry and Curling, 2009). The State of

Public Health in Canada (2008) recommended inter-sectoral action through integrated coherent policies and joint action within and outside the formal health care sector.

Canada also needs more robust, available and consistent data for analysis and measurement at national, regional and local levels. The three research reports of the CIW highlight challenges with data availability and consistency. Canada's data challenges have been noted internationally – the UN High Commissioner (2008) commented that Canada doesn't have national statistics on adequate housing as set out in the International Covenant on Economic, Social and Cultural Rights even though it is a signatory to the covenant.

Conclusions

The CIW has been successful in elevating the level of dialogue about wellbeing in Canada in its First Report, *How are Canadians Really doing*? This report identified national trends in the areas of Living Standards, Healthy Populations and Community Vitality and highlighted key areas of concerns for some sub-populations in Canada.

This paper digs deeper to look at low-income Canadians and at three groups identified in the CIW's First Report: Aboriginal peoples, racialized groups and youth. It reports on findings from recent research to provide a better understanding of the state of their wellbeing. It is important to note that each of the three groups is diverse and includes people with different characteristics and experiences. Inequality and vulnerability are reinforced by the interconnection of many factors such as gender, age, race/ethnicity, and disability, not just the ones considered in this paper. The issues are complex. There is not one 'problem'; neither is there one solution.

How are Canadians Really doing?

In answer to the question, '*How are Canadians Really doing*', it is clear that many Canadians face situations that put them at risk of lower levels of wellbeing. Minimum wage income levels are not sufficient to keep individuals out of poverty, there is a continuing income divide between the higher and lower paid, and the recession is affecting some groups of workers – men in particular – more than others. Full time employment is declining. Education is important, but it is not fully accessible to all Canadians. Low-income affects the health of Canadians. Research shows that it affects how Canadians perceive their state of health and that it has a direct impact on physical health (diabetes, heart disease, etc.) and on mental health and stress. Neighbourhoods also affect the health of their residents – they support or inhibit connection with others, a sense of belonging through participation and inclusion. Low-income people generally have lower levels of connection to their neighbourhood.

The findings show that low-income, Aboriginal, racialized and youth population groups are being left behind and are not sharing in the wealth, health and strong community that Canada has worked to develop. They rate their own health as less 'good' and have lower actual physical and mental health outcomes. These groups tend to have less physical activity, lower levels of engagement and connection to the community. Aboriginal and racialized communities face discrimination and exclusion which has also been noted in international reviews of Canada. These findings highlight the need to acknowledge the ongoing impact of racism and the need for policy interventions that are tailored to excluded groups.

How do Canadians compare with others?

One of the objectives of the CIW is to empower Canadians to compare their wellbeing both with others within Canada and those around the world. It is working with partners around the world to establish a higher standard of comparability of wellbeing between countries. In the meantime, one way to understand how we compare internationally is to look at our international commitment and how we measure up.

The findings from the review of international reports suggest that we should be doing better. In particular they highlighted the need for improvement in wellbeing for specific groups of Canadians – persons with low-income, Aboriginal peoples, racialized groups and youth. The findings also highlighted the importance of learning how different policy and program contexts affect outcomes.

Moving forward

Recent polls show that there is widespread support among Canadians for government action based on shared values particularly related to income and poverty. An Environics poll (Hennessy, 2008) reported that 81 percent of respondents said that during a recession it was more important than ever for governments to make helping poor Canadians a priority. Ninety-three percent said that if other countries could succeed in significantly reducing the number of poor people that Canada should be able to do so as well. Another survey reported that about three quarters of respondents agreed that government policies might be responsible for poverty and that nearly 60 percent agreed that most people are poor because there are unequal opportunities in society (Reutter, Veenstra, Stewart, Raphael, Love, Makwarimba & McMurray, 2006). Good policy must be based on shared values that are reflected in national goals for measuring and improving health and wellbeing.

The findings also reinforce the importance of drilling down and developing a complementary analysis of wellbeing at the sub-population and regional basis to understand the implications of national trends for select groups of Canadians. The CIW will continue to highlight these issues in reports like this one and to work with others who bring a more focused lens to these variations and inequalities.

Many of the reports and studies reviewed for this paper call for joined up, integrated and inter-sectoral action – different terminology, but essentially the same message as shared destiny and connecting the dots which underpin the CIW principles and values. Benefits of a more integrated approach within government, between different levels of government and between government and the critically important third sector would be felt in policy making, program planning and delivery and in frameworks for measuring and reporting on wellbeing.

Despite the growing consensus that we need to change the way that we plan and work together – the process of changing our public policy institutions and structures is complicated and needs time and vision to effect and embed the change. We need to measure and evaluate the impact of the change on Canadian's wellbeing and on the wellbeing of Canadians living in vulnerable circumstances as part of public policy making process.

Need for better tools

We need valid and reliable measurement tools and processes to be able to understand our current position and to monitor and measure change from that position. The first three domain reports highlight a range of data challenges associated with our measurement work. Canada needs more robust, available and consistent data for analysis and measurement at

national, regional and local levels. We are not alone in highlighting the data issue in Canada; for example, the UN High Commissioner recently commented that Canada does not have adequate national statistics on housing.

The CIW is a significant addition to our measurement toolkit but it too relies on robust data which is not always available at the national and sub-national levels. The need for increased strategic data collection at all levels is required to deepen our understanding of what constitutes quality of life in Canada.

In conclusion, this paper demonstrates the value of informed discussions of our state of wellbeing. The paper also reinforces the need to integrate and cross boundaries in policy and program responses and the need for enhanced quality of life measurement in Canada.

The CIW plays a critical role in facilitating the discussion on the state of wellbeing of Canadians – it provides the national context for the discussion. In addition, the CIW Network will continue to work with researchers, indicator practitioners and community groups who are addressing specific wellbeing issues related to sub-populations, regions, provinces and communities.

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Based in the Faculty of Applied Health Sciences at the University of Waterloo, the Canadian Index of Wellbeing Network is an independent, non-partisan group of national and international leaders, researchers, organizations, and grassroots Canadians. Its mission is to report on wellbeing at the national level and promote a dialogue on how to improve it through evidence-based policies that are responsive to the needs and values of Canadians.

The Network's signature product is the Canadian Index of Wellbeing (CIW). The CIW measures Canada's wellbeing and tracks progress in eight interconnected categories. It allows us, as Canadians, to see if we are better off or worse off than we used to be — and why. It helps identify what we need to change to achieve a better outcome and to leave the world a better place for the generations that follow.

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